

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTP-875)**

SERIAL NO.  
**09/100142**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
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47							97							
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49							99							
50							100							
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OTA DEP.							TOTAL DEP.							
OTA CLAIMS							TOTAL CLAIMS							